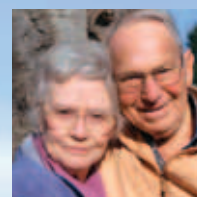


South Carolina Department of Health and Environmental Control

2011



Annual Report

Public Health Region 4

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*The federal fiscal year (FFY) runs from October 1 - September 30.
South Carolina's fiscal year (FY) runs from July 1 - June 30.*

A Message from the Public Health Director

Dear Community Leaders:

I am pleased to present the 2011 Region 4 Annual Report. Region 4 is one of eight public health regions in South Carolina. The region consists of Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro and Sumter counties. This report highlights efforts being made to address challenging public health issues. It also provides important health status information.

Recent economic times have presented many challenges in public health. All efforts have been made to coordinate resources in our communities to provide the best services possible to our citizens. I want to thank the Region 4 staff for their dedication, commitment and service. The leadership and staff always strive to provide high quality, cost effective services. They have maintained this standard through some very difficult fiscal times.

We look forward to future opportunities to work with organizations and community leaders in our 10 county area to improve the health of our citizens. We invite you to make comments and suggestions to improve future editions of this report. Thank you for your continued support of our efforts.

Sincerely,

A handwritten signature in cursive script that reads "K. Derrick Mims".

K. Derrick Mims, MPA
Region 4 Health Director



County Public Health Departments and Service Centers - Region 4

Main Sites

Chesterfield County Public Health Department

203 North Page Street
Chesterfield, SC 29709
(843) 623-2117

Clarendon County Public Health Department

110 East Boyce Street
Manning, SC 29102
(803) 435-8168/8178

Darlington County Public Health Department

305 Russell Street
Darlington, SC 29532
(843) 398-4400

Dillon County Public Health Department

201 West Hampton Street
Dillon, SC 29536
(843) 774-5611

Florence County Public Health Department

145 East Cheves Street
Florence, SC 29506
(843) 661-4835

Hartsville Public Health Department

130 East Camden Avenue
Hartsville, SC 29550
(843) 332-7303

Kershaw County Public Health Department

1116 Church Street
Camden, SC 29020
(803) 425-6012

Lake City Public Health Department

137 North Acline Street
Lake City, SC 29560
(843) 394-8822

Lee County Public Health Department

810 Brown Street
Bishopville, SC 29010
(803) 484-6612

Marion County Public Health Department

206 Airport Court, Suite B
Mullins, SC 29574
(843) 423-8295

Marlboro County Public Health Department

711 Parsonage Street Extension
Bennettsville, SC 29512
(843) 479-6801

Shaw Air Force Base WIC Office

524 Stuart Avenue
Shaw AFB, SC 29152
(803) 895-4913

Sumter County Public Health Department

105 North Magnolia Street
Sumter, SC 29150
(803) 773-5511

Region 4 Environmental Quality Control

Florence Office
145 East Cheves Street
Florence, SC 29506
(843) 661-4825

Region 4 Environmental Quality Control

Sumter Office
105 North Magnolia Street
Sumter, SC 29150
(803) 778-6548 or 778-1531



Who We Are

DHEC's Mission

We promote and protect the health of the public and the environment.

DHEC's Vision

Healthy people living in health communities.

DHEC's Values

Customer Service

We are committed to meeting or exceeding customers' identified needs and expectations with quality service.

Cultural Competence

We are committed to cultural competence by recognizing, respecting, understanding, accepting, and valuing different cultures in order to provide effective services to all our customers.

Excellence in Government

We are committed to building an organization that is quality-focused, customer-driven and fiscally responsible.

Teamwork

We are committed to working together to achieve common goals.

Local Solutions to Local Problems

We are committed to cooperation and collaboration within our agency and with local resources to develop healthy communities that are active in improving their own health and environment. We will build awareness of health and environmental issues with citizens by using effective means of informing, educating and engaging the public.

Use of Applied Scientific Knowledge for Decision Making

We are committed to the use of rational methods and scientific knowledge to guide our decisions and professional judgment.

Our Employees

We are committed to supporting our staff who are our most important resource and critical to the accomplishment of our agency's mission.



Overview

Region 4 is a 10-county area in the upper eastern part of the state, which consists of Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro, and Sumter counties with additional full-time sites in the towns of Hartsville and Lake City. The overall population for the region is 569,701 (according to the 2010 census).

The 12-site region has 316 full-time employees, 46 hourly employees, 14 fee-for-visit employees, and four grant employees; with an overall budget of \$22,068,379.

County	Grant	FTE	Hourly	Per Visit	Total
Chesterfield		20	2	4	26
Clarendon		18	3	1	22
Darlington*		25	2	0	27
Dillon		20	1	3	24
Florence*	2	105	17	5	129
Kershaw		21	3	1	25
Lee		16	3	0	19
Marion		20	1	0	21
Marlboro		13	1	0	14
Sumter	2	58	13	0	73
TOTALS	4	316	46	14	380

**Note: Darlington inclusive of Hartsville; Florence inclusive of Lake City*

FTE Count at End of Fiscal Year			
Year	Wateree Filled FTEs	Pee Dee Filled FTEs	Region 4 Filled FTEs
2003	186.68	288.70	475.38
2004	182.20	280.70	462.90
2005	183.20	276.70	459.90
2006			427.00
2007			421.00
2008			409.00
2009			380.00
2010			334.00
2011			316.00

Services Provided

Health Services Provided in Region 4

1. Children's Rehabilitative Services (CRS)
2. Chronic Disease Prevention and Control
3. Diabetes Education and Counseling
4. Emergency Communicable Disease Reporting
5. Emergency Preparedness
6. Epidemiology Surveillance and Response
7. Family Planning
8. Health Education Services
9. HIV Prevention Education
10. Home Health Services
11. Immunizations
 - a. Adult
 - b. Children
12. Laboratory Services
13. Nutrition Services
14. Postpartum Newborn Home Visit
15. Services for Infants and Children at Risk
16. Sexually Transmitted Infections (STI) and HIV/AIDS Program
17. Social Work Services
18. Staff Development and Training
19. Teen Pregnancy Prevention
20. Tuberculosis (TB) Program
21. Vital Records
 - a. Birth and Death Certificates
22. Women, Infants, and Children (WIC) Supplemental Food Program

Performance Management

Quality Improvement Through Collaboratives

Region 4 was one of two public health regions selected to participate in the Multi-State Learning Collaborative – Phase 3 (MLC-3) from 2008 through 2010. This effort was supported by the National Network of Public Health Institutes (NNPHI) and the Robert Wood Johnson Foundation. This opportunity provided us with enhanced education in the areas of Continuous Quality Improvement (CQI) and a training venue to practice these newly adapted skills. The collaborative for Region 4 consisted of two separate “mini collaboratives.” The first collaborative concentrated their efforts on tobacco cessation and the second concentrated on prenatal care and birth outcomes.

Our first mini collaborative consisted of teams from local health departments in Region 4. We had three 4-5 person teams from Darlington, Lake City and Sumter Health Departments participating in the tobacco cessation collaborative. These teams were presented with three “learning sessions” to provide the initial introduction to CQI skills like brainstorming, Plan, Do, Study, Act (PDSA) cycles, and trend charts. Between each session, the teams practiced the CQI skills and returned with updates on their progress. Additionally, the teams had AIM (target or goal) statements and planning benchmarks for progress toward implementation of the Clinical Practice Guidelines of 2As+R or Ask, Advise and Refer. This evidenced based practice has proven results when the intervention is provided by a health care provider. The mini collaborative teams used PDSA cycles to test the implementation process and the documentation process within the clinic setting. As a result, the teams were able to provide promising practices and program recommendations for the 2As+R agency implementation.

The second collaborative consisted of teams from two local health departments. The sites included two teams from Florence and a third team from the Dillon Health Department. The forum for education and practice was repeated with the guided “learning

sessions” and then on-site practice time between group meetings. The teams’ AIM statements varied in range from reminder phone calls for the initial WIC appointment to educational materials for the first prenatal visit and finally the on-site scheduling of WIC appointments for clients at the time of pregnancy testing. Each team practiced the CQI skills of PDSA cycles and data analysis before determining the success and the potential long term impacts of their collaborative design on improving birth outcomes.

In both collaboratives, useful information was obtained for ongoing clinical practice in Region 4 and across the state. Another part of the overall program design was based on the Institute for Health Care Improvement (IHI) Breakthrough Series (BTS) as a framework. This model included in the initial design an element of “spread” or communication of success across your work environment. This will mean sharing this process in other sites within Region 4 and when applicable in other DHEC sites across the state.

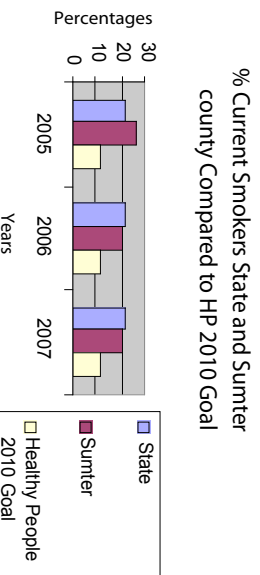
While the idea of voluntary accreditation through the Public Health Accreditation Board (PHAB) is being discussed for SC, this MLC-3 opportunity offered the two regions involved, and the front line staff who participated in the teams, a glimpse of this process. The teams had the opportunity for hands-on practice and guided training with experts in the field of Quality Improvement. Their individual self scores improved from “novice” to “skilled” by the end of each collaborative. The teams feel qualified to use the QI tools in everyday practice to improve the service delivery of public health to the clients they serve.

Sumter County Health Department
103 Employees
Serving a Population of 104,646



PLAN

- ⊗ Tobacco use and dependence is a significant health problem in SC
- ⊗ %s of current smokers in 2005-2007 greatly exceed the Healthy People 2010 goal of 12%



- ⊗ In 2008, SC DHEC proposed a policy to provide a brief tobacco cessation intervention to "all clients"
- ⊗ 2006 PRAMS* data indicate that 12% of SC women smoked during the last trimester of pregnancy and that only 50 % of smokers quit during their pregnancy
- ⊗ For the first 3_ months of SFY 2009, 31% of the pregnant and breast feeding women seen in the Sumter WIC clinic were certified for "Maternal Smoking"
- ⊗ Although clients were routinely assessed related to tobacco use as a program requirement, there was no systematic method to refer for cessation

Team Members:
 Lindy Branham, RN, BSN, Public Health Clinic Manager
 Lashon Moses, Nutrition Education Specialist
 Alva M Jones, Nutrition Education Specialist
 Carolyn M. Robertson, Administrative Specialist
 Rhonda Windham. RN. BSN. WIC Supervisor

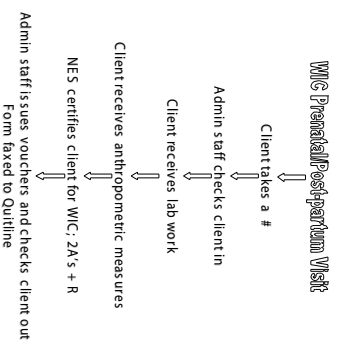
Aim Statements

- ⊗ 100% of Prenatal/Post-partum WIC clients seen in the Sumter County Health Department will receive the 2As + R by the end of the collaborative
- ⊗ 75% of tobacco users will accept Quitline referral

Measures

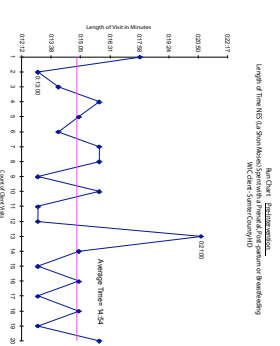
- ⊗ Length of client visit- 1:1 time with NES
- ⊗ Average length of time to implement 2A's + R with clients
- ⊗ Client tobacco use rate
- ⊗ % of WIC PN, PP, BF clients who receive 2A's + R with fidelity
- ⊗ % of tobacco users accepting referral to the Quitline

DO



Quality Improvement Story Board
 Implementing Clinical Practice Guidelines for Treating Tobacco Use and Dependence

STUDY



-Slight time increase with tobacco users
 -4 Quitline referral tear off removed from waiting area
 -4 Quitline referrals given by NES (2 not in study population)

ACT

- ⊗ **2 A's + R & Quitline Implementation**
- ⊗ Due to the many WIC clinic variables, exploring options to capture intervention time only
- ⊗ Train remaining staff (NES, Admin, & Lab) on 2A's + R
- ⊗ Implement use of Quitline fax and evaluate time taken to complete referral (= Future PDSA)
- ⊗ Implement 2 A's + R documentation with consistency
- ⊗ **Smoking Cessation Materials**
- ⊗ To include posters with tear off referral number in WIC waiting area and each NES office
- ⊗ To add posters to kiosk area and WIC classroom

Environmental Health

Impact of Budget Cuts on Environmental Services

As the Agency continues to deal with dwindling financial resources due to the struggling economy, the effects are felt in many ways. This past year, the Region 4 Environmental Health program lost a total of four positions due to budget cuts. We continue to reassign and redistribute facilities that require routine inspections among remaining staff, which dictates they travel further away from headquarters and across county lines in record numbers, to ensure requirements can be met. Since the majority of our staff are cross-trained in more than one program, the loss of staff affects all of our programs.

Food Protection

In the past, our food protection staff averaged 177 assigned facilities for each full time field staff person. Our staff members now carry an average of 190 facilities each. Our staff conducted 4,711 unannounced, routine inspections, which is slightly lower than the 5,055 inspections last year. These routine inspections generated 2,023 follow-up inspections, which equates to a 43% follow-up rate. We also instituted a “potential risk score ranking” for all of our permanent, permitted facilities. This ranking places our facilities into 1 of 4 risk categories based on the type and volume of cooking and food handling processes performed within the facility. Our goal is to inspect the facilities with the higher potential risk, and those that implement various types of and high volume cooking and food handling processes, more often than those performing a limited or simple cooking process.



Wastewater

The workload in the wastewater program is directly impacted by the condition of our local economy. We received 1,335 applications and issued 1,185 permits to construct septic tanks this past year, while approving 890 actual system installations. All these totals are down slightly from the previous year. However, the time it takes to evaluate a piece of property and issue a permit to construct a septic system increases each year because available land area considered readily acceptable for the proper functioning of a system continues to decrease. Therefore, our staff spends more time evaluating marginal property and designing more complicated systems in an attempt to overcome soil conditions that are not as favorable as in years past. As property development and home-building continues, this problem will continue to be more of a factor in our workload and will increase the time required to do our job.

Rabies Prevention

Our highest priority in environmental health is the rabies prevention and control program. The rabies virus is endemic in the wild animal population. The rabies vaccine given to pets is the first line of defense that helps keep the deadly virus from spilling over into our domestic animal population. The rabies virus is almost always fatal. For that reason, all animal bites and scratches are required to be reported to the local health department. We investigated 1,228 reported cases of potential exposure, compared to 1,059 cases in the previous year. We issued 871 animal quarantines and shipped 186 animals to the lab for testing. Out of those animals tested, 14 were confirmed to have rabies.

Complaints

One program area that we have had to decrease our involvement in is our on-site investigation of complaints. In certain cases, we now routinely make phone calls to facilities instead of sending someone out to perform an inspection. Complaints can include, but are not limited to illegal food vendors, malfunctioning septic systems, hotel/motels, restaurants, bedbugs, and trash disposal. We make a decision based on the information provided in the complaint, whether to make a phone call or send someone out to investigate. Several different factors are taken into account as we evaluate the complaint, but most importantly we consider the potential threat to the public's health. With reductions in staff, we simply are not able to respond to complaints as we have in the past. With this in mind, we conducted 1,564 individual complaint investigations which is less than the 1,760 investigations conducted previously. Even though we continue to see our staffing levels reduced, we are always striving to meet the demands of the public and balance our business-friendly attitude with our responsibility of protecting our natural resources and promoting public health.

Public Health Nursing

Public Health Nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences.

The primary role of public health nursing is to promote health and prevent disease for entire population groups. They work with other providers of care to plan, develop and support systems and programs in the community to prevent problems and provide access to care. Public Health nurses in Region 4 provide services, such as Home Health, pharmacy services, immunizations (including influenza), disease surveillance and response, tuberculosis control, family planning and maternal and child health services.

Pharmacy Services

A nurse manager is designated to coordinate pharmacy services for the region. All inspections by the Board of Pharmacy met board standards.

Seasonal Influenza

During the influenza vaccination campaign, Region 4 administered 8,292 flu vaccinations in the 12 public health departments. Region 4 also partnered with local free clinics to provide them with influenza vaccine for their clients. This year, a greater emphasis was placed on starting clinics earlier and offering altered hour clinics.

Immunizations

Region 4 Health Departments administered 20,968 vaccines (excluding influenza) this year. The Region also has 96 private partners in the “Vaccine for Children” program which provides vaccines to children ages 18 and under who meet federal qualifications and guidelines.

Disease Surveillance and Response

The Disease Surveillance and Response Team is responsible for the maintenance of reports and investigation of communicable diseases in the community to promote and protect the public’s health.

During fiscal year 2011, the team worked several major outbreak events:

- Unknown respiratory illness in a long-term care facility
- Influenza-like illness in a correctional facility
- Possible tainted product at a school
- Possible illegal use of Temik
- Rabid kitten investigation resulting in 23 people and 10 animals being evaluated for potential exposure



Region 4 Still Fighting Tuberculosis

The Region 4 Tuberculosis Control Program treated 23 cases of TB disease in 2010, which is up slightly from 22 in 2009. The 2010 TB case rate for SC was 3.4/100,000 population. Region 4 had several counties with case reports above the state rate. The 2010 case rate for Darlington was 7.5/100,000; Florence was 5.2/100,000; Lee was 5.1/100,000 and Marion was 9.0/100,000. Region 4 TB Control team continues to work hard to decrease the number of TB cases in the Region by treating cases and identifying, testing, and treating contacts of infectious cases in order to prevent future cases of TB.

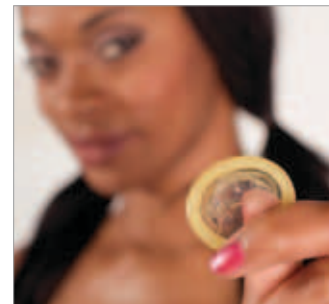


Post Partum Newborn Home Visits

The Post Partum Newborn Home Visit is a service provided by DHEC for new mothers and their babies. A public health nurse travels to the home and provides a health, nutrition and environmental assessment. This service has proven to be very beneficial. In several instances, public health nurses have been able to intervene when life threatening issues were found. During fiscal year 2011, Region 4 completed 892 home visits.

Sumter Women and Men in the K.N.O.W.

HIV disproportionately affects women of color in Sumter County, particularly African American women. The Sumter County Public Health Department Family Planning clinic's caseload is made up of 72% African American women. In January 2005, the Sumter County Public Health Department Family Planning Clinic, through a federal grant from the Office of Population Affairs/Office of Family Planning, implemented Project K.N.O.W. (**K**nowledge **N**etworks **O**utreaching to **W**omen). Project K.N.O.W. was awarded a continuation grant in 2011 for three additional years. The project has expanded its testing to include those in for an initial family planning exam, women presenting for a pregnancy test and male partners of these clients. Project K.N.O.W. provides enhanced HIV prevention education and increased HIV counseling and testing in the clinic. The overall goal is to maximize the number of individuals who know their HIV status.



Family Planning/Sexually Transmitted Diseases

Region 4 staff are now admitting STD male clients to the FP program. This allows the male client to receive a yearly physical and education on FP methods.

Mentoring a New Generation of Public Health Professionals

Region 4 Nursing Leadership is very committed to mentoring nursing students and medical residents on the mission and values of public health. Participation in individual or group projects, hands-on experiences such as assisting with mass flu clinics and a view of the many opportunities in public health, often persuades students to seek careers or further their education in public health. Those who pursue work elsewhere in the health care system gain an intangible benefit which leads to respect and understanding of public health and better equips them to serve patients and communities. Medical residents gain experience, enhance skills and learn up to date contraceptive methods while working with women's health advanced practice nurses. Accompanying registered nurses from the local public health department on home visits, the residents see the challenges that families face in their home environment. This first-hand experience is invaluable to these doctors in their own practices, many in rural communities. Region 4 staff mentored 42 BSN and 2 MSN students during this fiscal year.

Emergency Preparedness and Response

The ability to prepare for and respond to disasters continues to be one of Region 4's primary goals. It is perhaps a safe bet that all or at least most first responders cannot meet the challenges alone. During the past year, Region 4 has collaborated with multiple state and local agencies and organizations to develop partnerships for addressing preparedness issues.

One such partnership involves working with local hospitals. There are 12 hospitals within the Region who meet monthly to plan on how to prepare, respond, and recover in an emergency that may result in mass casualties or fatalities. The group works on developing strategies at the local level that will strengthen the medical response to a disaster in a unified way. Region communication plans have been written and are exercised monthly, HAM radio technician classes have been offered, many training opportunities have been made available, and the purchase of response equipment is determined by what is best for all hospitals.

Some of the other partnerships which continue to grow or be developed include but are not limited to:

- County Emergency Management- Region 4 Preparedness works closely in identifying and training for health and medical needs within the county that may require a DHEC response.
- Local Emergency Preparedness Committees- Region 4 regularly attends these collaborative meetings in several of the counties where multiple agencies and private businesses gather to address and plan for potential emergency response.
- Volunteer Organizations- Region 4 is continually working on building the Medical Reserve Corp, which is a volunteer based organization under the DHEC umbrella. Region 4 meets with these organizations to ensure that the response necessary from the Medical Reserve Corp is identified and that the volunteers then can be trained to respond.

In the year to come, Region 4 Public Health Preparedness will continue to work toward community response and resiliency. During these tough economic times, it is imperative that we work together to become stronger response communities.



Chronic Disease Prevention

Communities Mobilizing for Prevention through Partnerships

Many public health needs are addressed at the community level through coalitions of concerned citizens. The cornerstone for delivering effective public health services is through the development of relationships with clients, families and community partners. A variety of disciplines within DHEC, such as health educators, nutritionists and social workers, build and nurture relationships with many partners in order to promote health and protect the public.

Florence and Kershaw Counties Eating Smart and Moving More

The SC Eat Smart Move More Coalition coordinates obesity prevention efforts throughout the state. The state coalition collaborates with local coalitions to promote healthier communities. In fiscal year 2011, a local Eat Smart, Move More Florence County Coalition was established, with the initial focus being on school and community gardens. Two community gardening forums were held for the public.

Eat Smart Move More-Kershaw County (ESMMKC) Coalition worked with multiple community partners to improve sidewalks and streetscape for walkers and bicyclists and to get fresh fruits and vegetables to county citizens. Along with the Kershaw County Recreation Department, the coalition installed new park signs to raise awareness of where parks are located within the community. The City of Camden received a grant to improve the houses and streetscape along Lyttleton Street. The plan includes improved sidewalks in a low income community. With the federal stimulus funds that were given to the Kershaw County Department of Transportation, Broad Street has been repaved and sidewalks have been added to sections of Broad Street. ESMMKC introduced Complete Streets to the Camden Planning Commission. The coalition also worked with the SC Department of Transportation to install “Share the Road” signs throughout the county to raise awareness of bicyclists. These signs have been added to a GIS layer so the cycling route maps can be easily developed in the future. The coalition installed bike racks throughout Camden to encourage cycling for everyday tasks. The coalition also provided support to Jackson School to allow an easement for students to walk or bike to school.



The Nutrition Committee of ESMMKC worked with the Kershaw County Farmers Market, SC Representative Laurie Slade-Funderburk, Kershaw County Council on Aging, and the Kershaw County Health Department to certify five farmers to accept WIC and senior vouchers for fresh fruits and vegetables. This has allowed lower income residents to shop at the farmers market and attain locally grown produce. The ESMMKC Nutrition Committee continues to work with the market to assess the need for accepting Supplemental Nutrition Assistance Program (SNAP) cards. The committee also conducts healthy cooking demonstrations one Saturday each month during the market season to teach residents how to healthfully prepare locally grown foods. This has been well received by the community.

Lori Phillips, Region 4 Chronic Disease Program Manager, works with both the Florence and Kershaw County coalitions as the DHEC liaison. She also serves as one of the ACHIEVE grant coaches for ESMMKC.

Florence County Breathing Fresher Air

Florence County was one of two counties in S.C. that received grant funding to implement tobacco prevention and control programs as part of the American Recovery and Reinvestment Act of 2009: Communities Putting Prevention to Work initiative. Florence County received \$2.1 million dollars. The funding created five new full-time positions and four part-time positions. The grant deliverables included a media campaign, and training for schools, churches, youth and healthcare providers. DHEC-Region 4's primary focus areas were the faith-based communities and healthcare providers.

On May 9, 2011, Florence City Council passed a smoke free workplace ordinance which became effective November 1, 2011. Florence School Districts Two, Four and Five adopted the state's model tobacco free policy. Francis Marion University Department of Nursing, Florence Darlington Technical College Department of Health and Sciences, and McLeod Family Medicine Residency Program all adopted the Clinical Practice Guidelines for Treating Tobacco Use and Dependence (2As+R: Ask, Advise + Refer) as part of their future curricula. Twenty-two priority healthcare practices were trained to use 2As+R and 159 healthcare professionals received this training. Eight churches in Florence County adopted a model tobacco policy for faith-based organizations, protecting 1,369 congregation members from the dangers of second-hand smoke during this fiscal year.

In October, information on the benefits of a comprehensive smoke free ordinance was presented to the Hartsville City Council. The Council passed a smoke free parks ordinance in 2011.

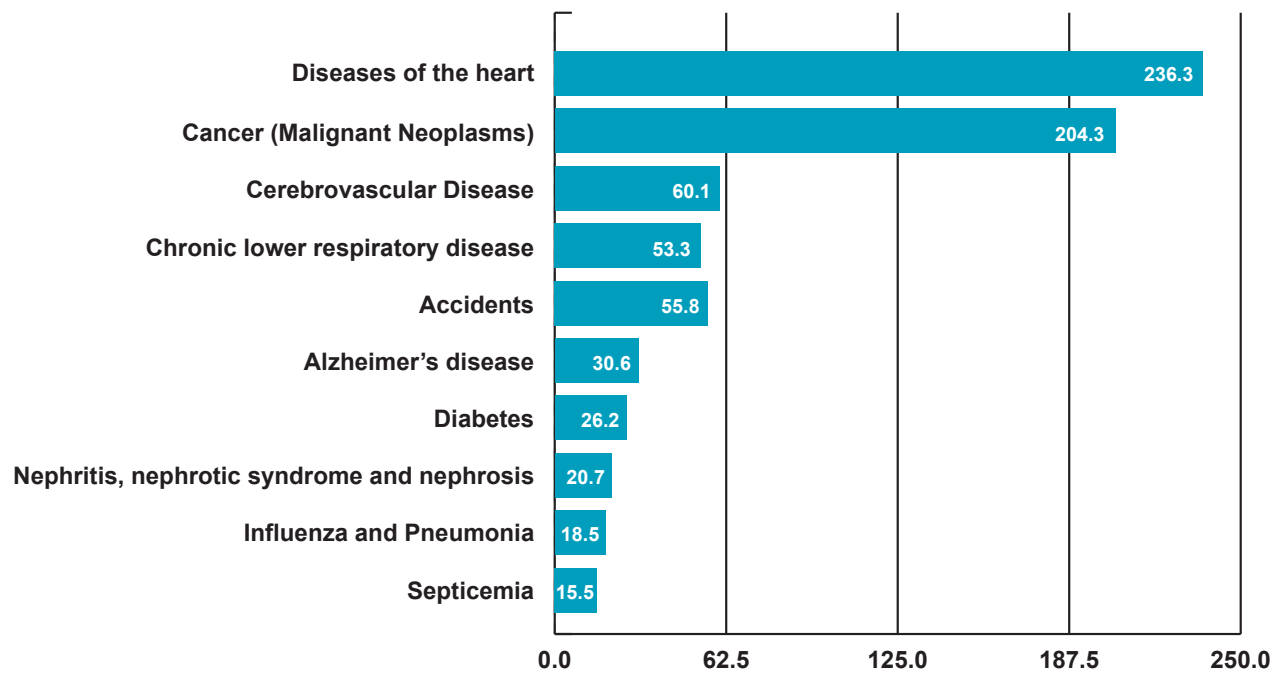
Appendix

County Specific Demographics

County	Population	Median Income/Family	Kids on Medicaid
Chesterfield	46,734	\$32,267	5786
Clarendon	34,971	\$29,840	4729
Darlington	68,681	\$34,577	8867
Dillon	32,062	\$28,653	5831
Florence	136,885	\$39,919	18,019
Kershaw	61,697	\$45,268	6244
Lee	19,220	\$28,041	3387
Marion	33,062	\$28,437	5789
Marlboro	28,933	\$26,799	4346
Sumter	107,456	\$37,113	13,738

** Sources: 2010 US Census and 2009 Kids Count*

Ten Leading Causes of Death in Region 4 Year 2009



Rates per 100,000 population

Age adjusted to 2000 standard population. Data Source: SCDHEC SCAN; Generated by Chronic Disease Epidemiology and Evaluation August 2011

For methodology of ranking, see Technical Document <http://www.scdhec.gov/health/epidata/docs/EpiTechNotes.pdf>



South Carolina Department of Health
and Environmental Control

www.scdhec.gov

We promote and protect the health of the public and the environment.

CR-010312 4/2012